James Peterson Sons, Inc. - Utility Division
N 2251 GIBSON DR.
P.O. BOX 523
MEDFORD, WI 54451
Email: jpsutility@tds.net
Phone (715) 748-3035
Fax (715) 748-4530

Attention: Dave Johnson
Company: Wisconsin Department of Natural Resources
Bureau of Drinking Water and Groundwater
PO Box 7921
Madison, WI 53707-7921

Date: 2/27/2014
Our Job No. 4142 SAXN
Your Job No.

Regarding - Project: Saxon Lift Station Replacement
Location: Saxon, WI

We are sending you:

- [ ] Plans
- [ ] Prints
- [ ] Shop Drawings
- [x] Herewith
- [ ] Under Separate Cover
- [ ] Specifications
- [ ] Correspondence

1 Copies of Sheet No. High Capacity Dewatering Well Application
1 Copies of Sheet No. $500.00 Permit Check
Copies of Sheet No.

From:
Covering:

Which are : (checked below)

- [x] For Approval
- [ ] For Correction
- [ ] For Final Approval
- [ ] For Your Use
- [ ] For Field Use
- [ ] For Your Use in Preparing Shop Drawings
- [ ] For Files and Distribution
- [ ] For Fabrication of Your Material
- [ ] For sending us a quotation on your material shown by

Please Return | **Copies To** James Peterson Sons, Inc. - UT Division

Remarks:

Copy of Correspondence to :

file

JAMES PETERSON SONS, INC. - UTILITY DIVISION

Bill Casagranda

RECEIVED-DNR
MAR 11 2014
DRINKING WATER & GW

OK DNR 3/11/14 vck entry

State of Wisconsin
Department of Natural Resources
PO Box 7921
Madison WI 53707-7921

High Capacity Dewatering Well Application

Form 3300-258 (R 11/02) Page 1 of 4

Notice: Prior department approval is required for the construction, reconstruction or operation of a high capacity well or system of high capacity wells in accordance with Section NR 812.09(4)(a), Wisconsin Administrative Code. Personally identifiable information collected on this form, including such data as your name, address and phone number, will be used for management of department programs and is unlikely to be used for other purposes. This information will be addressable under Wisconsin's Open Records Laws, ss. 19.32 - 19.39, Wis. Stats.

Project Name and Description

Project Name and Description: Saxon Lift Station Replacement, Saxon, WI

Dewatering System Property Owner

Name and Title	Company			
Robert Rowe - President	Saxon Sanitary District			
Street Address	**City**	**State**	**ZIP Code**	**Contact Person**
PO Box 5	Saxon	WI	54559	Robert Rowe
Telephone Number	**Fax Number**	**E-Mail Address**		
715-893-2451	N/A	N/A		

Dewatering System Operator

Name and Title	Company			
Bill Casagranda - General Manager	James Peterson Sons, Inc. - Utility Division			
Street Address	**City**	**State**	**ZIP Code**	**Contact Person**
1365 Commercial Ave	Crystal Falls	MI	49920	Bill Casagranda
Telephone Number	**Fax Number**	**E-Mail Address**		
906-282-0991	715-748-4530	bill.casagranda@jpsbp.com		

Proposed Dewatering System Location

Quarter of the Quarter	Quarter or Government Lot Number	Section Number or French Long Lot Number
	NE 1/4	Section 6

Township	Range			County
T 46 N	R 1	☒ East ☐ West	☐ City ☒ Village OF Saxon ☐ Civil Town	Iron

Street or Grid Address (fire number): location between house # 9506W Mill St. East and # 14345N Mill St. North

Dewatering System Operation

Name of Nearest Public Utility Well - no public well	Proposed Total Average Pumpage per Day	Proposed Total Maximum Pumpage per Day
Private Well - 45' deep	288,000 gallons	288,000 gallons

Distance from Public Utility Well		Discharge Location Description (e.g. storm sewer, drainage swale, settling basin, etc.)
75' (private)	☒ Feet ☐ Miles	Drainage swale - north of project

Direction (e.g. WNW) to Public Utility Well	Total Number of Dewatering Wells/Points in Project
NNW	35
Proposed Pump (Dewatering System) Capacity	**Number of Wells/Points in Use at Any Given Time**
200 gallons per minute	35
Dewatering Project Start Date (MM/DD/YYYY)	**Dewatering Project Completion Date (MM/DD/YYYY)**
5-15-14	7-1-14

Proposed Aquifer Formation	At a Depth of:	Static Water Level	Proposed Dewatering Water Level
clay/sand seams	5'	970'	956'

Well Construction

Total well depth (feet)	Borehole diameter (inches)	Drilling method (e.g. rotary, jetting, percussion, etc.)
14'	4" to 6"	jetting

Geologic formations to be penetrated by well (e.g. sand, gravel, clay, sandstone, limestone, etc.): clay / sand & gravel seams

Casing depth (feet)	Well casing wall thickness (in.)	Casing material (e.g. steel, schedule 40 PVC)	Casing diameter (inches)
12'	0.25"	HDPE SDR 11	2"

Well Construction (continued)

Method of connecting well casing segments	Height of well casing termination above local ground elevation (in)	
☒ fusion weld ☐ solvent weld ☐ threaded/mechanical	12"	
Well screen material (e.g. wire wound steel, slotted PVC)	**Well screen length (ft)**	**Well screen diameter (in)**
slotted hdpe	2'	2"
Method of attaching screen to well casing or placing screen	**Type of well screen**	**Engineered gravel pack around screen**
fused	☐ wire wound ☒ slotted pipe	☐ yes ☒ no
Annular space seal material (e.g. bentonite, cement, native material)	**Method of placing annular seal (e.g. tremie pipe)**	
native material	hand packed	

Pump Installation

Pump type (e.g. submersible, vacuum)	Individual pump capacity (gpm)	Well seal type and design	Check valve location
Vacuum	200 gpm	N/A	at vacuum pump

Well Abandonment

Well abandonment method (e.g. fill with bentonite, collapsing formation, etc.)

Native Materials with less permeable material (clay) on top 2'

Enclosures

☒ Plat map (project location marked)

☒ Engineering plan map of project (do not submit complete set of plans)

☒ Contamination sites (BRRTS information) with well locations and discharge location – no sites shown within 2 miles (www.dnr.state.wi.us/org/aw/rr/brrts/index.htm)

* ☒ Well construction diagram with dimensions

* ☒ Drawing of manifold design if multiple wells are connected together * 1 drawing

☒ Discharge drawing

☐ If WPDES permit already issued, attach copy – applied for

Variance Request Signature

Are you requesting a variance for the proposed well(s) to have less than 25 feet of casing or for a variance to any part of ch. NR 812, Wis. Adm. Code? If yes, property owner signature required.

Property Owner Signature	Date Signed
Robert Peterson	Feb 26 - 14

Applicant

Name: Last	First	MI	Signature
Casagranda	Bill	D	Bill Casagranda

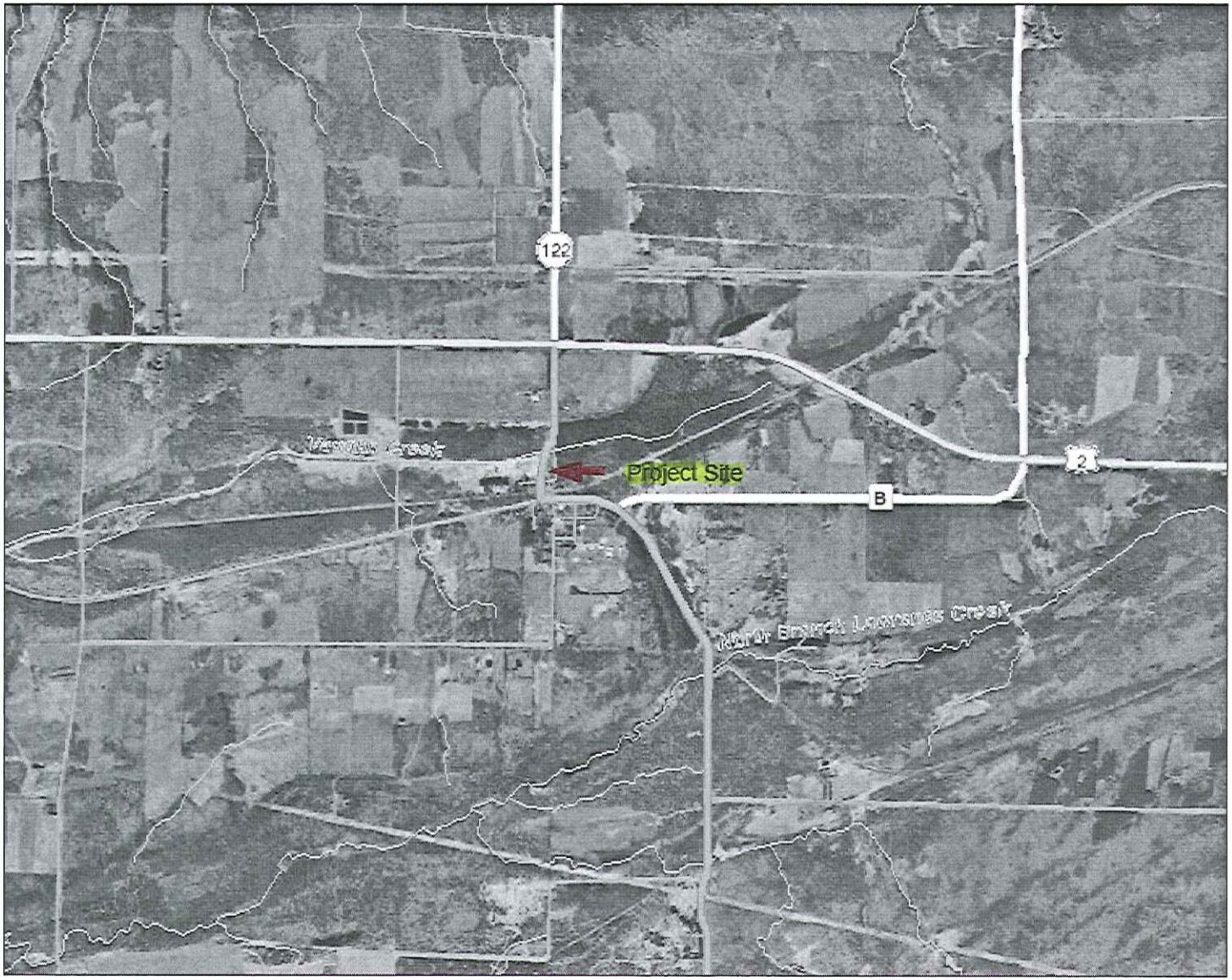
Street Address	City	State	ZIP Code	Date (mm/dd/yyyy)
1365 Commercial Ave	Crystal Falls	MI	49920	2-27-2014

Company Name	(Area Code) Telephone Number	E-Mail Address
James Peterson Sons, Inc	906-282-0991	bill.casagranda@jpsbp.com

Department Use Only

Receipt Date (mm/dd/yyyy)	Response Date (mm/dd/yyyy)
Review Engineer	Authorized Signature
Calculated Public Utility Well Drawdown Value or No Expected Impact Judgement Feet ☐ No Expected Significant Impact	Action: Conditions of approval are attached if approved. ☐ Approved ☐ Denied

Contamination Sites (BRRTS)



Legend

- Open Site (ongoing cleanup)
- Open Site Boundary
- Closed Site (completed cleanup)
- Closed Site Boundary
- Airport
- 2010 Air Photos (WROC)
- Cities
- Villages

Notes

1.0 0 0.50 1.0 Miles

NAD_1983_HARN_Wisconsin_TM

1:31,407

DISCLAIMER: The information shown on these maps has been obtained from various sources, and are of varying age, reliability and resolution. These maps are not intended to be used for navigation, nor are these maps an authoritative source of information about legal land ownership or public access. No warranty, expressed or implied, is made aregarding accuracy, applicability for a particular use, completemenss, or legality of the information depicted on this map. For more information, see the DNR Legal Notices web page: http://dnr.wi.gov/org/legal/

Note: Not all sites are mapped.